Revised: July 1, 1999

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: ARKANSAS

A. The following charges are imposed on the categorically needy for services:

		Type Charge		
Service	Deduct.	Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		22% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]

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STATE OLIVANIA	
DATE REC'D 5/6/99	Α
DATE APPV'D 7/3/99	, ,
DATE EFF	
HCFA 179 99-06	

TN No. 99-06

Supersedes TN No. 97-17

Approval Date 7-2-99

Effective Date 2-1-99

Revised: January 1, 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: ARKANSAS

A. The following charges are imposed on the categorically needy for services: (Continued)

Service	Deduct.	Type Charge Coins.	Сорау	Amount and Basis for Determination
Prescribed Drugs			x	For each prescription reimbursed by N

prescription reimbursed by Medicaid, the recipient will be responsible for paying a copayment amount based on the following table as set out at 42 CFR 447.54:

State Payment for the Service	Copay to Recipient
\$10.00 or less	\$.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

DATE REC'D DATE APPV'D DATE EFF **HCFA 179**

TN No.

Supersedes TN No. Attachment 4.18-A, pages 1, 1a and 1 b, Approved 3-23-93, TN 93-05 and approved 6-1-93, TN 93-16

Approval Date

Effective Date

Revised: September 1, 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

B.	The method	used to collect	cost sharing	charges fo	r categorically	y needy individuals
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- Providers are responsible for collecting the cost sharing charges from individuals. [x]
- The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- The basis for determining whether an individual is unable to pay the charge, and the means by C. which such an individual is identified to providers, is described below:

In the absence of knowledge or indication to the contrary, the provider may accept the recipient's assertion that he/she can not afford to pay the cost sharing amount.

DATE REC'D

Approval Date FEB 03

Effective Date SEP 0 1 1992

Supersedes TN No. 85-27

Revised: March 1, 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

The procedure for implementing and enforcing the exclusions from cost sharing contained in D. 42 CFR 447.53(b) are described below:

> The Arkansas Medicaid Program notified Medicaid providers of the exclusions via an Official Notice.

For recipients who are excluded from the cost sharing policy for reasons other than age or residence, the provider must enter one of the following diagnosis codes as the secondary diagnosis on the claim form to avoid the cost sharing amount from being deducted from the total paid claim amount:

Diagnosis Code	Reason for Exclusion
A1000	Pregnant Women
A2000	Emergency Services
A3000	Family Planning Services and Supplies (entry on claim form is required for nurse practitioner only)
A4000	Health Maintenance Organization (HMO) Enrollee
A5000	Hospice Care Recipient

The provider must maintain sufficient documentation in the recipient's medical record which substantiates the exclusion from cost sharing. These procedures apply to the following services:

Ambulatory Surgical Center

Federally Qualified Health Center

Home Health

Hospital

Nurse Practitioner

Optometrist

Personal Care

Physician **Podiatrist**

Private Duty Nursing

Prosthetic

Rural Health Clinic

Approval Date MAR 231993

Effective Date MAR 01 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

D. The procedure for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below: (Continued)

Public Transportation

For recipients who are excluded from the copayment policy for reasons other than age or residence, the provider must check the "NO" block in Field 9 on the EMS-3 claim form to avoid the copayment amount from being deducted from the total paid claim amount.

Prescribed Drugs

When prescribing pharmaceuticals to Medicaid recipients who are excluded from the prescribed drug copayment policy due to the services provided to pregnant women, emergency services or HMO enrollees, the dentist or physician must write "Excluded From Copay" on the face of the prescription. The provider must maintain sufficient documentation in the recipient's medical record which substantiates the exclusion from cost sharing.

For recipients excluded from the copayment policy due to pregnancy, emergency services or HMO enrollee, pharmacy providers must enter "4" in Field 17 of the pharmacy claim form. If "4" is not entered and the recipient is not identified in the system as meeting one of the exclusion groups, the copayment policy will be applied prior to payment to the provider.

Individuals under age 18 or individuals receiving hospice care or institutionalized individuals are also excluded from cost sharing. Individuals under age 18 and the institutionalized individuals are readily identifiable through the current MMIS. No additional information is necessary from the provider in order to exclude these individuals from the cost sharing policy. A separate code has been assigned for providers to use in billing to identify services provided to recipients receiving hospice care.

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Approval Date FEB 0 3 1993

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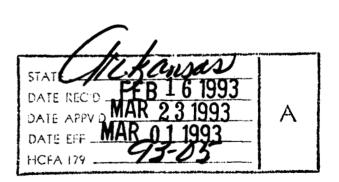
Revised: March 1, 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: ARKANSAS

 E. Cumulative maximums on cha 	narges:
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[] Cumulative maximums have been established as described below:



TN No. 93-05 Approval Date MAR 23 1993 Effective Date MAR 01 1993
Supersedes TN No. 92-33